

CPM SECTION 4200 EXHIBIT H

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FACTS SUPPORTING THE CREDITOR'S CLAIM

☐ See attachment (if space is Insufficient)

| Date of Item | Item and Supporting Facts | | | | | Amount Claimed |
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| 123456789 | TYPE OF ASSESSMENT | TAX YEAR | TAX | PENALTY | INTEREST** | TOTAL |
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PROOF OF ☐ MAILING ☐ PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE

(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor of a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is (specify): STATE OF CALIFORNIA FRANCHISE TAX BOARD
PO BOX 2952 G-10
SACRAMENTO, CA 958112-2952
3. I mailed or delivered a copy of this Creditor's Claim to the personal representative as follows (check either a or b below):
 - a. ☒ Personal delivery. I personally delivered a copy of the claim to the personal representative as follows:
Postage fully prepaid. I used first-class mail. I am a resident of or employed in the county where the mailing occurred.
The envelope was addressed and mailed as follows:
(1) Name of person served:
(2) Address on envelope:

(3) Date of mailing:
(4) Place of mailing (city and state): SACRAMENTO, CA
 - b. ☐ Personal delivery. I personally delivered a copy of the claim to the personal representative as follows:
(1) Name of personal representative or attorney served:
(2) Address where delivered:

(3) Date delivered:
(4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date:

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| (TYPE OR PRINT NAME) | (SIGNATURE OF CLAIMANT) |
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